

OCT 19 2004

PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.
4800 IDS Center, 80 South Eighth Street
Minneapolis, Minnesota 55402-2100 USA

FACSIMILE COVER SHEET

TELEPHONE: (612) 349-5740 TOLL FREE: 1-800 331-4537
FACSIMILE: (612) 349-9266

TOTAL NUMBER OF PAGES BEING SENT (INCLUDING COVER SHEET): 16

☐ Original documents to follow by mail

☒ No originals will be sent

DATE: October 19, 2004

TO: Examiner Carol M. Koslow
Group Art Unit: 1755

FAX #: 703-872-9306

PHONE #: 571-272-1371

Application No.: 10/772,102
Applicant: Kumar
Due Date: October 21, 2004

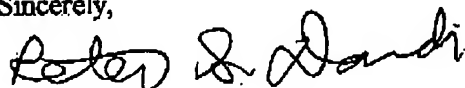
OUR REF.: 2950.21US02

FROM: Peter S. Dardi, Ph.D.
PHONE #: (612) 349-5746

Attached please find the following document for filing in the above-identified patent application:

- 1) Amendment in response to Office Action dated July 21, 2004 (13 pages)
- 2) Amendment Transmittal (2 pages)

Sincerely,




Peter S. Dardi, Ph.D.
Reg. No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

October 19, 2004
Date


Peter S. Dardi

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OCT 19 2004

Customer No. 24113
 Patterson, Thuenta, Skaar & Christensen, P.A.
 4800 IDS Center
 80 South 8th Street
 Minneapolis, Minnesota 55402-2100
 Telephone: (612) 349-5740
 Facsimile: (612) 349-9266

Attorney Docket No. 2950.21US02

AMENDMENT TRANSMITTAL

In re the application of:

KUMAR

Confirmation No.: 4854

Application No.: 10/772,102

Examiner: Carol M. Koslow

Filed: February 4, 2004

Group Art Unit: 1755

For: HIGH LUMINESCENCE PHOSPHOR PARTICLES AND METHODS PRODUCING
 THE PARTICLES

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (13 pages).
☐ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	25	- [20]	= 5	x 9	\$45.00		x 18	\$
Indep.	3	- [3]	= 0	x 44	\$ 0.00		x 88	\$
Mult. Dep.			=	+ 150	\$		+ 300	\$
TOTAL					\$45.00	OR	TOTAL	\$

☐ First Presentation of Multiple Dependent Claim (MDC)

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/772,102

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- [X] The Commissioner is hereby authorized to charge Deposit Account No. 16-0631 in the amount of \$45.00 for the additional claims fee. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



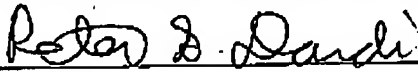
Peter S. Dardi, Ph.D.
Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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